For Utility/Design **CIP/PCT National** Original/Substitute/ Supplemental **Declarations** 

## Rule 53(b) (37 C.F.R. § 1.53(b)) COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Atty. Docket

No.: <u>00-02</u>

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MEDICAL INFORM	ATION MANAGEM	ENT SVSTEM AND	PATIENT INTERFACE	ADDI IANOE				
			PATIENT INTERFACE	APPLIANCE				
the specification of whice is attache	n ( <u>Cneck applicable Bo</u> d hereto.	((es)):						
			as U.S. Appln. No	h.:				
was filed	as PCT International Ap	as U.S. Appln. No	on					
was amer				-				
VI I d vv				<del></del>				
I hereby state that I have	reviewed and understan	d the contents of the abo	ve identified specification, incl	uding the claims, as amended by any ar	nendment referred to			
above. I acknowledge in	e duty to disclose all inf	ormation known to me to	be material to patentability as	defined in 37 C.F.R. § 1.56.				
I hereby claim foreign pr	iority benefits under 35	U.S.C. 119/365 of any fo	reion application(s) for natent	or inventor's certificate listed below and	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
below any loreign applic	ation for patent or inven	tor's certificate filed by n	ne or my assignee disclosing th	e subject matter claimed in this applica	i have also identified			
date (1) before that of the	e application on which p	riority is claimed, or (2)	if no priority claimed, before th	ne filing date of this application.	non and naving a ming			
				Z				
Prior Foreign Applicati		Filed	Date First Laid Open	Dated Patented or	Priority Claimed			
Number(s)	Country	(MM/DD/YY)	or Published	Granted	Yes No			
7717								
19 Per 1		1						
Thereby claim the benefi	t under Title 35 United	Stotes Codo & 110(a) of	anni I Inita di Ctata a mana i di mala					
Line of Claim the benefit	t under Title 33, Office	States Code, § 119(e) of	any United States provisional a	application(s) listed below.				
-Number(s)		Filing Date (MM/DI	D/YY)					
50/192,071		March 24, 2000						
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perior .		· · · · · · · · · · · · · · · · · · ·						
Thereby claim domestic	priority benefit under 35	U.S.C. § 119/120/365 of	f the indicated United States an	oplications listed below and PCT interna	ational applications			
musicu above or below and	i, ii this is a continuation	1-in-part (CIP ) application	on, insofar as the subject matter	r disclosed and claimed in this annicati	on is in addition to that			
guisclosed in such prior at	opiications, I acknowleds	ge the duty to disclose all	information known to me to b	e material to natentability as defined in	37 C.F.R. § 1.56 which			
eecame available betwee	n the filing date of each	such prior application an	d the national or PCT internation	onal filing date of this application:				
Application Number		Filing Date (MM/DE	NVI	Ctatus (a stanta de la cultura				
- Approach of Trumber		Filing Date (MM/DD/YY)		Status (patented, pending, abandoned)				
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the state								
Thereby declare that all s	tatements made herein o	f my own knowledge are	true and that all statements ma	de on information and belief are believe	and a second			
" mai mose statements wei	e made will the knowled	ige that willful false state	ements and the like so made are	nunichable by fine or imprisonment of	n both under Coetien			
1001 of Title 18 of the U	nited States Code and th	at such willful false state	ments may jeopardize the valid	lity of the application or any patent issu	room, under Section red thereon			
And I hereby appoint the	following attorney(s) an	d/or agents(s) to prosecu	te this application and to transa	act all business in the Patent and Trader	nark Office connected			
herewith: Michael W. H	laas, Reg. No. 35,174							
Address all correspondence to: Michael W. Haas, Intellectual Property Counsel, RESPIRONICS, Inc., 1501 Ardmore Boulevard, Pittsburgh, PA 15221								
Address an corresponden	ce to: Michael W. Haas	, Intellectual Property Co	unsel, RESPIRONICS, Inc., 15	501 Ardmore Boulevard, Pittsburgh, PA	. 15221			
(1) Inventor's Signature:				Date:				
Full Name				Citizenship: China				
Residence Post Office Address		State: California	Country: USA					
rost Office Address	: 101 Frog Valley Lai	ne, Belmont, California 9	4002					
/A\ .								
(2) Inventor's Signature:				Date:				
1				Date:				
Full Name	Robert D. CDOLLCI	1						
Full Name Residence			State: Pennsylvania	Citizenship: USA Country: USA				

Attorney Docket No.: <u>00-02</u>
Title: <u>Medical Information Management System and Patient Interface Appliance</u>

## **DECLARATION AND POWER OF ATTORNEY** (Continued) **ADDITIONAL INVENTORS**

(3) Inventor's Signature:			Date:					
Full Name:	Eugene N. SCARBERRY		Citizenship:	USA				
Residence:	City: Trafford	State: Pennsylvania		Country: USA				
Post Office Address: 208 Terrace Court Road, Trafford, Pennsylvania 15085								
			-					
(4) Inventor's Signature:			Date:					
Full Name:	William J. KAIGLER		Citizenship:	USA				
Residence:	City: North Huntingdon	State: Pennsylvania		Country: USA				
Post Office Address:	711 Altman Street, North Huntingdon, Pen	nsylvania 15642						
(5) Inventor's Signature:			Date:					
Full Name:	Julia TVERSKAYA		Citizenship:	USA				
Residence:	City: Palo Alto	State: California		Country: USA				
Post Office Address:	474 West Charleston Road, Palo Alto, Cali	fornia 94306						
Full Name: Residence: Post Office Address:								
Inventor's Signature:			Date:					
Full Name:	Kenny Chitai HUANG		Citizenship:	USA				
Residence:	City: Sunnyvale	State: California		Country: USA				
	731 Timberpine Avenue, Sunnyvale, Califo	ornia 94086						
语 :								
Inventor's Signature: Full Name:			Date:					
( - 4	Andrew KWOK		Citizenship:	USA				
Residence:	City: Freemont	State: California		Country: USA				
Post Office Address:	43622 Skye Road, Freemont, California 94	539						
(8) Inventor's Signature:		Date:						
Full Name:			Citizenship:					
Residence:	City:	State:		Country:				
Post Office Address:								
(9) Inventor's Signature:			Date:					
Full Name:			Citizenship:					
Residence:	City:	State:		Country:				
Post Office Address:								